

Richard Woods, Georgia's School Superintendent

"Educating Georgia's Future"

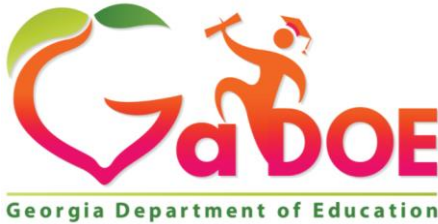
**GaDOE EMPLOYEE REQUEST ACCESS
TO
STATEWIDE LONGITUDINAL DATA SYSTEM**

To fulfill my duties and responsibilities as a Georgia Department of Education ("GaDOE") employee, I am requesting access to the Statewide Longitudinal Data System ("SLDS") under the audit and evaluation provision in the Family Educational Rights and Privacy Act ("FERPA"). Please provide the purpose(s) for which this data will be used:

If permission is granted to me, I understand that I will have access to confidential information; the disclosure of which may be protected under Federal or State law. Therefore, I hereby certify that I will not release, disclose, discuss, reproduce, sell, use or otherwise disclose any confidential data that may be protected under Federal or State laws to any individual or entity.

I agree that I will not make personally identifiable data available to any person or entity outside GaDOE except pursuant to a written data sharing agreement approved by the Office of Legal Services or as otherwise approved by the Director of Data Collections. Further, such data will not be shared with GaDOE staff unless a legitimate educational reason exists for sharing the data. Prior to sharing such data within GaDOE, I agree to notify my Deputy, the Legal Services Office, and Data Collections.

I understand that unauthorized disclosure of protected information may also result in a reassignment of my duties, removal of access to protected information, removal from duties, and disciplinary action, up to and including dismissal, all at the sole discretion of the GaDOE.



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In the event that I inadvertently or incorrectly release any confidential data or learn of an unauthorized release, I agree to advise immediately my supervisor, my Deputy, the Office of Legal Services and the Director of Data Collections at GaDOE. I will also, to the best of my knowledge, help identify the business organization, entity or individual person to whom the information was divulged and the content or substance of the disclosed information.

I agree that this certification shall survive beyond any separation in employment or reassignment of duties.

Date

Print Name

Signature

Department

Position

Supervisor's Signature _____

Print Supervisor's Name _____